

BURNETT MEDICAL CENTER

257 W ST GEORGE AVE

GRANTSBURG 54840

Phone: (715) 463-5355

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/04): 53

Total Licensed Bed Capacity (12/31/04): 53

Number of Residents on 12/31/04: 50

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 52

Corporation

Skilled

No

Yes

Yes

52

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		36.0
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		52.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.0	More Than 4 Years		12.0
Day Services	No	Mental Illness (Org./Psy)	28.0	65 - 74	12.0			-----
Respite Care	Yes	Mental Illness (Other)	2.0	75 - 84	34.0			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	44.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	22.0	65 & Over	94.0	-----		
Transportation	No	Cerebrovascular	10.0		-----	RNs		8.6
Referral Service	No	Diabetes	10.0	Gender	%	LPNs		8.6
Other Services	No	Respiratory	12.0	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	14.0	Male	28.0	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	72.0	41.3		
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

## Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	1	3.2	137	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.0
Skilled Care	1	100.0	245	26	83.9	117	0	0.0	0	18	100.0	140	0	0.0	0	0	0.0	0	45	90.0
Intermediate	---	---	---	4	12.9	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	8.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		31	100.0		0	0.0		18	100.0		0	0.0		0	0.0		50	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----				
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	12.7	Bathing	4.0	66.0	30.0	50
Private Home/With Home Health	0.0	Dressing	12.0	58.0	30.0	50
Other Nursing Homes	6.3	Transferring	38.0	36.0	26.0	50
Acute Care Hospitals	79.4	Toilet Use	42.0	34.0	24.0	50
Psych. Hosp.-MR/DD Facilities	0.0	Eating	80.0	6.0	14.0	50
Rehabilitation Hospitals	1.6	*****				
Other Locations	0.0					
Total Number of Admissions	63	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	4.0	Receiving Respiratory Care		10.0
Private Home/No Home Health	65.6	Occ/Freq. Incontinent of Bladder	40.0	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	1.6	Occ/Freq. Incontinent of Bowel	4.0	Receiving Suctioning		0.0
Other Nursing Homes	1.6			Receiving Ostomy Care		0.0
Acute Care Hospitals	6.3	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	2.0	Receiving Mechanically Altered Diets		38.0
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	25.0	With Pressure Sores	6.0	Have Advance Directives		72.0
Total Number of Discharges		With Rashes	6.0	Medications		
(Including Deaths)	64			Receiving Psychoactive Drugs		48.0

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Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities						
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	This Facility	Other Hospital-Based Facilities		All Facilities		
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	98.1	91.7	1.07	88.8	1.10	
Current Residents from In-County	84.0	85.3	0.99	77.4	1.08	
Admissions from In-County, Still Residing	23.8	14.1	1.69	19.4	1.23	
Admissions/Average Daily Census	121.2	213.7	0.57	146.5	0.83	
Discharges/Average Daily Census	123.1	214.9	0.57	148.0	0.83	
Discharges To Private Residence/Average Daily Census	82.7	119.8	0.69	66.9	1.24	
Residents Receiving Skilled Care	92.0	96.2	0.96	89.9	1.02	
Residents Aged 65 and Older	94.0	90.7	1.04	87.9	1.07	
Title 19 (Medicaid) Funded Residents	62.0	66.8	0.93	66.1	0.94	
Private Pay Funded Residents	36.0	22.6	1.60	20.6	1.75	
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00	
Mentally Ill Residents	30.0	32.7	0.92	33.6	0.89	
General Medical Service Residents	14.0	22.0	0.64	21.1	0.66	
Impaired ADL (Mean)*	45.6	49.1	0.93	49.4	0.92	
Psychological Problems	48.0	53.5	0.90	57.7	0.83	
Nursing Care Required (Mean)*	7.5	7.4	1.01	7.4	1.01	